

MADAN MOSSMAN SRIRAM

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Apr 10 '06 17:31

P.04

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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24923 7590 01/18/2006

PAUL S MADAN  
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HOUSTON, TX 77057-1130

04/11/2006 IBESHAH2 00000024 020429 10713708

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Margaret A. Pruitt

(Depositor's name)

(Signature)

April 10, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/713,708	11/14/2003	Peter Fontana	414 014-29962-US	2080

TITLE OF INVENTION: NOVEL WELLBORE FLUID CIRCULATION SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/18/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TSAY, FRANK	3672	175-065000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Madan, Mossman &amp;

2 Sriram, P.C.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Baker Hughes Incorporated

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Chandran D. Kumar

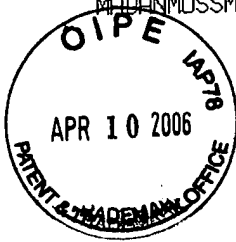
Date April 10, 2006

Typed or printed name Chandran D. Kumar

Registration No. 48,679

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**MADAN, MOSSMAN & SRIRAM, P.C.**

ATTORNEYS AT LAW

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**FACSIMILE COVER SHEET**

**DATE:** April 10, 2006

**NAME:** Commissioner for Patents

**COMPANY OR FIRM:** U.S.P.T.O.

**FACSIMILE NO.** 571.273.2885

**FROM:** Margaret A. Pruitt for Chandran Kumar, Reg. No. 48,679

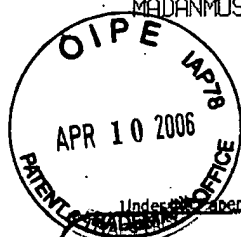
**SUBJECT:** Issue Fee/Publication Fee  
Serial No., 10/713,708  
Deposit Account No.: 02-0429 (414-29962-US)

**NUMBER OF PAGES INCLUDING THIS COVER SHEET: 4****IF ALL PAGES ARE NOT RECEIVED, PLEASE CALL MARGARET A. PRUITT @ 713) 266-1130, EXT. 132****CERTIFICATE OF FACSIMILE TRANSMISSION**

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number	10/713,708
Filing Date	November 14, 2003
First Named Inventor	Peter Fontana et al.
Art Unit	3672
Examiner Name	Frank Tsay
Attorney Docket Number	414-29962-US

**ENCLOSURES** (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Issue Fee submitted for payment.
<b>Remarks</b>  The Commissioner is authorized to charge any underpayment or credit any overpayment to:  Deposit Account No. 02-0429 (414-29962-US).		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Madan, Mossman & Sriram P.C.		
Signature			
Printed name	Chandran D. Kumar		
Date	April 10, 2006	Reg. No.	48,679

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Signature		Date	April 10, 2006
Typed or printed name	Margaret A. Pruitt		

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